

RESPONSE TRANSMITTAL	Docket No.:	C00-033 / COG-P055US	Total Pages:	
	Application No.: 09/842,948			
	Filing Date: 04/27/2001			
	First Named Inventor: John Petry			
	Art Unit: 2191			
	Examiner Name: Philip Rongfa Wang			

ITEMS INCLUDED:	ADDRESS TO: <input type="checkbox"/> Mail Stop Amendment <input checked="" type="checkbox"/> Mail Stop AF Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450																				
1. <input checked="" type="checkbox"/> Response to Office Action dated 06/23/2010. <input checked="" type="checkbox"/> After Final.																					
2. <input type="checkbox"/> Extension of Time Request. Applicant(s) hereby requests under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application. The requested extension is _____ months; accordingly the appropriate non-small-entity fee is (\$0.00). <input type="checkbox"/> Applicant(s) claim(s) small entity status. See 37 CFR 1.27. Therefore, this fee amount for the extension is reduced by one-half, i.e., (\$_____.00).																					
3. <input type="checkbox"/> Substitute Specification.																					
4. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449. <input type="checkbox"/> Copies of IDS citations.																					
5. <input type="checkbox"/> Drawing(s) (35 USC 113) (Total Sheets: _____) <input type="checkbox"/> Informal, for approval of changes <input type="checkbox"/> Formal																					
6. <input type="checkbox"/> Excess claim fees:																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Total Claims</u></th> <th style="text-align: left;"><u>Extra Claims</u></th> <th style="text-align: left;"><u>Fee (\$)</u></th> <th style="text-align: left;"><u>Fee Paid (\$)</u></th> <th style="text-align: left;"><u>Multiple Dependent Claims</u></th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> <th style="text-align: left;"><u>Fee (\$)</u> <u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td>_____ -20 or HP= _____</td> <td>_____</td> <td>x _____</td> <td>_____</td> <td></td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20</td> <td style="text-align: center;">180</td> </tr> </tbody> </table>		<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>					<u>Fee (\$)</u> <u>Fee Paid (\$)</u>	_____ -20 or HP= _____	_____	x _____	_____		HP = highest number of total claims paid for, if greater than 20				180
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>																	
				<u>Fee (\$)</u> <u>Fee Paid (\$)</u>																	
_____ -20 or HP= _____	_____	x _____	_____																		
HP = highest number of total claims paid for, if greater than 20				180																	
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Indep. Claims</u></th> <th style="text-align: left;"><u>Extra Claims</u></th> <th style="text-align: left;"><u>Fee (\$)</u></th> <th style="text-align: left;"><u>Fee Paid (\$)</u></th> </tr> <tr> <th></th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>_____ -3 or HP= _____</td> <td>_____</td> <td>x _____</td> <td>_____</td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </tbody> </table>		<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>					_____ -3 or HP= _____	_____	x _____	_____	HP = highest number of independent claims paid for, if greater than 3.							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>																		
_____ -3 or HP= _____	_____	x _____	_____																		
HP = highest number of independent claims paid for, if greater than 3.																					
7. <input type="checkbox"/> Other Fees:																					
8. <input type="checkbox"/> A check in the amount of the above-noted fees is enclosed.																					
9. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																					
10. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number (03-2357). A duplicate copy of this sheet is enclosed for this purpose.																					
11. <input type="checkbox"/> Other Enclosure(s):																					
12. <input type="checkbox"/> Remarks:																					

CERTIFICATE OF TRANSMISSION/MAILING	
<input type="checkbox"/> I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
<input checked="" type="checkbox"/> I hereby certify that this correspondence is being transmitted to the USPTO via electronic/EFS filing on the date shown below.	
Signature /Anthony L. Miele Reg.#34393/	
Typed or printed name Anthony L. Miele	Date 09/23/2010

Respectfully submitted,

Dated: Sept. 23, 2010

By: /Anthony L. Miele Reg.#34393/
Anthony L. Miele, Attorney for Applicant(s)
Registration Number 34,393
Customer Number 23459 (Cognex Corp.)
Miele Law Group PC
277 Main Street, Suite 209
Marlborough, MA 01752
Phone: 508-533-4410 Fax: 508-319-3001